# 2015-16 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2015 ENDING JUNE 30, 2016

Status: Submitted on November 12, 2017

In accordance with APM-671, all Compensation Plan participants are required to complete this form and submit for approval no later than October 31, 2016.

Earnings threshold is 40% of your X component or \$40,000 - whichever is greater. The time threshold is 21 days per fiscal year.

If you have question, please contact your department administrator.

Faculty Name:

Hermanowicz, Neal (

Academic Title:

HS Clin Professor Hcomp - 1734

Appointment:

School of Medicine

**Home Department:** 

Neurology

1.	Category i or ii
	Service Dates 🙃
	# of Days 1
	Involved Student
	Name of Outside Entity 19
	Role 3
	ROLE &
	Description of Services Provided 3
	Income Earned •
	\$
	Income Retained <b>5</b>
	Additional Information
	tal # of Davs: 0
Tot	tal # of Days: 0 tal Income Earned: \$0.00 tal Income Retained: \$0.00
	did <u>not</u> engage in Category I or II activities.
thr	did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning eshold.
	did engage in Category I or II activities and total income earned did exceed the earnings eshold (prior approval required).

Sciences Compensation Pl Implementation Procedure	lied with the provisions of the University of California Health an, the School of Medicine Health Sciences Compensation Plan es, and my departmental guidelines for the Plan regarding limitations
I understand the Dean or	ngs, and time spent in Outside Professional Activities.  This designee may require a copy of my IRS Form 1040, specifically left with the latest and 1099s, upon request, as verification of the above
Note: Information disclose	ed herein is a public record under the California Public Records Act.
Submitted By Hermanowicz	Submission Date 11/12/2017
This signature affirms the	form was received and approved.
Approved By	Approval Date
Files for Neal Herm	nanowicz
<b>♦</b> List of Participants	Enter Scanned Copy Info

## 2016-17 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2016 ENDING JUNE 30, 2017

Status: Submitted on November 12, 2017

In accordance with APM-671, all Compensation Plan participants are required to complete this form and submit for approval no later than November 1, 2017.

Earnings threshold is 40% of your X component or \$40,000 - whichever is greater. The time threshold is 21 days per fiscal year.

If you have any questions about the policies governing Outside Professional Activities, please contact your Department CAO.

Faculty Name:

Hermanowicz, Neal (

**Academic Title:** 

HS Clin Professor Hcomp - 1734

Appointment:

School of Medicine

Home Department:

Neurology

1.	Category 1
	Service Dates <b>3</b>
	Service Dates &
	# of Days •
	Involved Student
	Name of Outside Entity 19
	Role / Nature of Relationship •
	Description of Services / Activities Provided    Output  Description of Services / Activities Provided
	Income Earned  \$
	Income Retained <b>3</b>
	Additional Information
То	tal # of Days: 0
То	tal Income Earned: \$0.00 tal Income Retained: \$0.00
	I did <u>not</u> engage in Category I or II activities. I did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning
thr	reshold.
thr	I did engage in Category I or II activities and total income earned did exceed the earnings reshold (prior approval required).
1	

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.
I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.
Note: Information disclosed herein is a public record under the California Public Records Act.
Submitted By Hermanowicz, Neal Submission Date 11/12/2017
This signature affirms the form was received and approved.
Approved By Approval Date
Files for Neal Hermanowicz + Add File

### 2017-18 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2017 ENDING JUNE 30, 2018 Status: Approved on December 3, 2018

In accordance with APM-671, all Compensation Plan participants are required to complete this form and submit for approval no later than November 1, 2018.

Earnings threshold is 40% of your X component or \$40,000 - whichever is greater. The time threshold is 21 days per fiscal year.

If you have any questions about the policies governing Outside Professional Activities, please contact your Department CAO.

Faculty Name:

Hermanowicz, Neal

Academic Title:

HS Clin Professor Hcomp - 1734

Appointment:

School of Medicine

Home Department: Neurology

1.	Category ①
	Service Dates <b>1</b>
	# of Days •
	Involved Student
	Name of Outside Entity (4)
	Name of Outside Entity 19
	Role / Nature of Relationship 🚯
	Description of Services / Activities Provided    Output  Description of Services / Activities Provided
	Income Earned 1
	\$
E.	Income Retained 1
	Additional Information
	al # of Days: 0 al Income Earned: \$0.00
1	al Income Retained: \$0.00
	did <u>not</u> engage in Category I or II activities. did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning
thre	eshold.  did engage in Category I or II activities and total income earned did exceed the earnings
	eshold (prior approval required).

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.
I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.
Note: Information disclosed herein is a public record under the California Public Records Act.
Submitted By Hermanowicz, Neal Submission Date 10/30/2018
This signature affirms the form was received and approved.
Approved By Mozaffar, Tahseen Approval Date 12/3/2018

# Files for Neal Hermanowicz

+ Add File

**≮** List of Participants

**ூ** Return Form to Faculty

#### 2014-15 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2014 ENDING JUNE 30, 2015 Status: Approved on January 15, 2016

In accordance with APM-025 and APM-670 all Health Sciences Compensation Plan participants are required to complete this form annually. Complete all parts of the form for the time your appointment was effective during the identified period. Income earned in one period but received in the next is reportable in the period earned.

Outside Professional Activities, compensated or uncompensated, and regardless of financial interest, are defined as those activities that are within a faculty member's area of professional, academic expertise and that advance or communicate that expertise through interaction with industry, the community, or the public.

For examples of Category I or Category II activities, please click the help button.

Earnings threshold is 20% of your X + X' or \$40,000 - whichever is greater.

If you have question, please contact your department administrator.

Aca		Neal ( ) or Hcomp - 1734 tine
1.	Category I or II  Service Dates  # of Days	Name of Outside Entity   Role   Description of Services Provided
	Income Earned \$  Income Retained \$  No V  Additional Information	
To	tal # of Days: 0 tal Income Earned: \$0.00 tal Income Retained: \$0.00	
	l did not engage in Category I or II Total income earned did not excee	activities during the reporting period ed the earnings threshold
Cor	mpensation Plan, the School of Me	e provisions of the University of California Health Sciences dicine Health Sciences Compensation Plan Implementation idelines for the Plan regarding limitations on the retention of Professional Activities.
and	d C, and all W-2s and 1099s, upon	e may require a copy of my IRS Form 1040, specifically Schedules A request, as verification of the above information.
No	te: Information disclosed herein is	a public record under the California Public Records Act.
Sul	omitted By Hermanowicz, Neal	Submission Date 11/18/2015
Th	is signature affirms the form was r	eceived and approved.

OPA | Office of Academic Affairs | Susan and Henry Samueli College of Health Sciences... Page 2 of 2

Approved By Small, Steven L Ap	proval Date 1/15/2016
Files for Neal Hermanowicz	
+ Add File	
<b>《</b> List of Participants	lty

# 2015-16 Form for Neal Hermanowicz

REPORTING PERIOD JULY 1, 2015 ENDING JUNE 30, 2016

Status: Submitted on November 12, 2017

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Earnings threshold is 40% of your X component or \$40,000 - whichever is greater. The time threshold is 21 days per fiscal year.

If you have question, please contact your department administrator.

Faculty Name:

Hermanowicz, Neal (

Academic Title:

HS Clin Professor Hcomp - 1734

Appointment:

School of Medicine

**Home Department:** 

Neurology

1.	Category i or ii 🚯
	Service Dates 6
	# of Days 🐧
	Involved Student
	Name of Outside Entity 📵
	Role 📵
	Description of Services Provided 📵
	Income Earned 1
	\$
	Income Retained 1
	Additional Information
Tot	tal # of Days: 0
Tot	tal Income Earned: \$0.00
	tal Income Retained: \$0.00
	did <u>not</u> engage in Category I or II activities. did engage in Category I or II activities and total income earned did <u>not</u> exceed the earning
thr	eshold.
	did engage in Category I or II activities and total income earned did exceed the earnings eshold (prior approval required).
"	

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Sciences Compensation Plan Implementation Procedures, and my departmental guidelines for the Plan regarding limitations on the retention of earnings, and time spent in Outside Professional Activities.
I understand the Dean or his designee may require a copy of my IRS Form 1040, specifically Schedules A and C, and all W-2s and 1099s, upon request, as verification of the above information.
Note: Information disclosed herein is a public record under the California Public Records Act.
Submitted By Hermanowicz, Neal Submission Date 11/12/2017
This signature affirms the form was received and approved.
Approved By Approval Date
Files for Neal Hermanowicz
♣ Add File
【 List of Participants